

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/993913</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/		51						
2		/				/	52						
3		/				/	53						
4		/				/	54						
5		/				/	55						
6		/				/	56						
7		/				/	57						
8		/				/	58						
9		/				/	59						
10		/				/	60						
11		/				/	61						
12		/				/	62						
13		/				/	63						
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16		/				/	66						
17		/				/	67						
18		/				/	68						
19		/				/	69						
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23		/				/	73						
24		/				/	74						
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30		/				/	80						
31		/				/	81						
32		/				/	82						
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36		/				/	86						
37		/				/	87						
38		/				/	88						
39		/				/	89						
40		/				/	90						
41		/				/	91						
42		/				/	92						
43		/				/	93						
44		/				/	94						
45		/				/	95						
46		/				/	96						
47		/				/	97						
48		/				/	98						
49		/				/	99						
50		/				/	100						
TOTAL IND.	1				3		TOTAL IND.						
TOTAL DEP.	32				10		TOTAL DEP.						
TOTAL CLAIMS	33				13		TOTAL CLAIMS						